A05000000161

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (Oity/State/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Servines Sopies Servines es or Claus |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

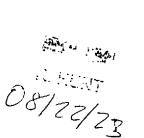
Office Use Only



500413924455

08/22/23--01024--008 **52.50

2023 AUG 22 PH 12: 40



COVER LETTER

| _ | ation Section in of Corporations | | | |
|-------------------|--|--------------------------|------------------------------|--------|
| CHRICAT. 34 | 100 CORAL WAY LTD. | | | |
| SUBJECT: _ | 100 CORAL WAY LTD. Name of Limited Partn | nership or Limited Liab | ility Limited Partnership | _ |
| | NUMBER: | | | |
| | Statement of Change of I nitted for filing. | Registered Office a | nd/or Registered Agent and | |
| Please return a | ll correspondence conce | erning this matter to | : | |
| EDUARD A. BA | LTAR | | | |
| * | Contact Person | | _ | |
| GLSC & COMPA | ANY, PLLC | | | |
| | Firm/Company | | _ | |
| 6303 BLUE LAC | GOON DRIVE. SUITE 200 | | | |
| | Address | | <u> </u> | |
| MIAMI, FL 3312 | 16 | | | : r |
| | City, State and Zip Cod | le | | 4 |
| santatecla l 0@ao | l.com | | | C |
| E-mail addr | ess: (to be used for future and | nual report notification |) | |
| For further info | ormation concerning this | s matter, please call | : | |
| EDUARD A. BL | ATAR | at (305 | 373-0123 | |
| Name of | Contact Person | Area Code | and Daytime Telephone Number | |
| Enclosed is a \$ | 35.00 check made paya | ble to the Florida D | Department of State. | |
| Mailing Addre | | Street Address: | | |
| Registration So | | Registration Section | | |
| | | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 3400 CORAL WAY LTD.

Certified Copy (optional): \$52.50

| NN | ame of Limited Partnership or Li | mited Liability Limited Partnership | | |
|--|-------------------------------------|--|-------|--|
| 2. 1/21/2005 | 1/21/2005 A0500000161 | | | |
| Date of filir | ng/registration in Florida | Florida document number | | |
| 4. The name of the Department of State | | office address as shown on the records of the Fl | orida | |
| | MORRIS LAW GRO | OUP | | |
| | Na | me | | |
| | 7284 W PALMETTO PA | ARK ROAD, SUITE 101 | | |
| | Ado | lress | | |
| | BOCA RATON, FL | 33433 | | |
| | City, Stat | e and Zip | į | |
| 5. The name and Flo | orida street address of the new reg | gistered agent and/or office: | - | |
| | GLSC & COMPAN | Y, PLLC | 7 | |
| | | me | ŧ | |
| | 6303 BLUE LAGOO | N DRIVE, SUITE 200 | | |
| | | P.O. Box not acceptable) | | |
| | MIAMI | FL_33126 | | |
| | City, Stat | e and Zip | | |
| 6. Such change(s) is | s/are effective when filed by the F | lorida Department of State. | | |
| 1 | | | | |
| Signature of General | inagement, LLC | | | |
| I hereby accept the comply with the provand I am familiar wi | appointment as registered agent a | nd agree to act in this capacity. I further agree to be proper and complete performance of my duties position as registered agent. | | |
| Signature of Registe | red Agent | | | |
| Filing Fee: | \$35.00 | | | |